

HCES PTA Funds Request

Date of Funds Request: _____

Person Making Funds Request: _____

Amount Requested: _____

Make Check Payable to: _____

Reason for Request:

- Reimbursement (receipts MUST be attached)
- Payment (invoice MUST be attached)
 - Mail check
 - Address: _____
 - Return to Requestor

Budget Line to be Charged – please specify committee, event, etc:

- PTA Committee/Event _____
- Teaching Support _____
- Operating Expense _____
- Other: _____

Approved By: _____

PTA President signature required

Expenditure is part of the approved budget for this academic year:

- Yes
- No

If No, expenditure was approved by

- Full Board vote at _____ meeting
- Executive Board vote at _____ meeting

For Treasurer's Use Only:

Check No. _____ Amount: _____ Dated: _____

Payable to: _____

Budget Line Item Debited: _____